

Patient Experience Team (PET)

Annual Report

2010/11



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To contact the Patient Experience Team

Patient Experience Team
First Floor Trust Offices
Kent and Canterbury Hospital
Ethelbert Road
Canterbury
Kent, CT1 3NG

patientexperience@ekht.nhs.uk

01227 783145

01227 864613

1. Introduction

This Annual Report provides an overview of the activity and progress made during the year 1 April 2010 to 31 March 2011 in relation to the East Kent Hospitals University NHS Foundation Trust's response to complaints, concerns, comments and compliments raised by users of the service.

The report includes information about:

- How the Trust responds to concerns raised
- The accountability within the organisation for responding to concerns
- Analysis of the concerns and compliments raised during the year
- Plans for the future

2. Background

The Trust is strongly committed to fostering a culture in the organisation which views the raising of complaints, concerns and compliments as an opportunity to learn and change and takes its motto 'Putting patients first' seriously.

The services of the PET are very central to the Trust's ability to deliver on this promise time and time again. Users of the service are encouraged to provide feedback, both critical and complimentary; we need to know about patients' individual experiences in order to make change. It is recognised that some users of the service are nervous about raising concerns in case this adversely affects the way they are treated. We endeavour to allay such fears by responding professionally and openly when concerns are raised.

The Trust's process for managing the 4Cs is strongly patient-focussed and based firmly on the Parliamentary Health Service Ombudsman (PHSO) six principles for good complaint handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

This means:

- Listening to the clients who raised their concerns with sympathy and empathy
- Investigating the circumstances thoroughly so we understand what happened
- Explaining to the client what happened with openness and honesty
- Apologising if an error has been made
- Providing redress where we can
- Making changes so it cannot happen again

3. The process for raising complaints, concerns, comments and compliments (the 4C's)

Until the end of March 2011, the Trust had a PET on each of the three main hospital sites within the Trust - Kent and Canterbury Hospital, William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital.

The team has been centralised from April 2011 and more details regarding this change will be detailed under "The Future" towards the end of this document. However, a PET presence has

been maintained at both the WHH and QEQM sites to help with patients, relatives and carers that wish to raise their concerns in person.

The Trust expects staff to contribute to a working environment where patients are encouraged and enabled to raise concerns or compliments directly and immediately – a front line response. All members of staff are expected to respond positively when concerns are raised with them and, where possible, to resolve the problem immediately. If this cannot be achieved, the member of staff refers the case to their manager or to the PET.

3.1 The initial contact

Once contact is made with the PET, a member of the team will discuss the situation with the client to establish exactly what the nature of their concerns are and what outcome the client is seeking. If contact has been made in writing, the team will telephone the client, where possible, to gain information. If contact cannot be made with the client an acknowledgement letter will be sent.

The team will discuss with the client the options available for investigating their concerns and once the team are certain that they understand the nature of the concerns being raised, they will then talk to the Trust staff involved to agree what action needs to be taken to answer the client and how long this will take. The client is then advised by letter when the response will be sent to them, or when a meeting will be arranged for the client, and this is arranged and the complaint responded to in the agreed way within the advised timescale. This is the Trust's process of **local resolution** as defined in the national guidance for dealing with concerns raised. The Trust aims to resolve the majority of all its complaints/concerns at the local resolution stage.

3.2 Informal resolution

There are two main routes for addressing concerns: informal and formal. The **informal** route is generally followed when the concerns being raised are about events happening at the time and needing immediate action to resolve, or where the answer can be obtained quickly, without investigation. It may involve the client being put in direct contact with a member of the clinical team so they can discuss their concerns with someone who can take immediate and effective action.

3.3 Formal resolution

The **formal** route follows a more structured process and provides the client with the right to refer the case to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied at the end of local resolution. Referral to the PHSO is the second and final stage of the national process for addressing concerns. The formal route is used for all concerns of a serious or complex nature, and the client is advised of the best route to deal with their concerns when contact is made by the PET. Cases may move between the formal and informal routes as more information comes to light during an investigation.

The PET will continue to work with the client until a resolution is found or all avenues of investigation have been exhausted. At this point the organisation confirms to the client that the local resolution stage has been concluded, and that no further resolution can be offered

3.4 Referral to the PHSO

The Trust then monitors all cases where action has been agreed to ensure that this has been taken and any changes are embedded into the organisation. Where cases have been referred to the PHSO, the Trust will work to respond to the outstanding issues and will implement any recommendations made during the PHSO's assessment of the case.

4. Accountability

4.1 Board of Directors

The Board of Directors has corporate responsibility for overseeing the management information from patients and users about the quality of the service provided to them; including the 4Cs. The Chief Executive is the Accountable Officer, and until end March 2011 delegated this responsibility to the Director of Nursing and Midwifery, who was the Trust's designated responsible person under sections 4(1a) and 4(2) of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Trust's Board of Directors receives a monthly report on feedback via the 4Cs and the Council of Governors have a Patient and Staff Feedback Committee which also considers this information. This structure is designed to ensure that there is continuous improvement in response to the issues raised with us by patients, public and staff

The Head of Patient Experience Team has responsibility for managing the procedures for handling and considering the 4Cs, as under sections 4(1b) of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

4.2 Risk management and governance group

The work of these groups is monitored by the Risk Management and Governance Group, which also reviews the information gathered in relation to the 4Cs and takes actions to address themes and trends identified. The Group also makes sure that lessons learned are shared across the whole of the organisation. It is also important to ensure that positive feedback is captured and good practice disseminated throughout the organisation.

4.3 Divisional management

Each division within the Trust has a governance structure where information is gathered and reviewed to ensure that the clinical and administrative processes are working properly. This includes looking at the concerns and complaints raised so that lessons can be learned and changes made where necessary.

The Head of Patient Experience Team also monitored compliance within the organisation to the policy on handling concerns and is planning to extend measures recently introduced for monitoring client satisfaction with the process. An Annual Report is produced each year to summarise and report on the work of the PET.

5. The 4Cs 2010/11

The following table shows the number of contacts received annually over the last three years and is presented graphically below:

Subject	Year received		
	10/11	09/10	08/09
Total number of formal complaints received	721	687	731
Complaints responded to within agreed target date	663	397	600
Percentage responded to within agreed target date	85	58	82
Informal contacts received	3920	3926	4078
Compliments received	11157	5532	5924

Whilst it would appear that the number of formal complaints received has increased since the previous year, the figures for 2008/09 and 2009/10 do not include complaints which were subsequently withdrawn. However, as the Trust wants to learn from all complaints raised with the Trust, the total number of formal complaints received in 2010/11 has been used for the first time.

5.1 Formal complaints

In this financial year (2010/2011), the number of formal complaints received was at its highest level for the year in quarter 2 and was at its lowest for quarter 4. It would be expected that the number of complaints received would rise in line with an increase in patient activity and it is reassuring this is not the case as the recorded spells of care varied by less than 5% across the four quarters.

From the total number of formal complaints received in 2010/11, nine were closed as consent was not received and a total of 22 formal complaints were withdrawn by the clients. The number of informal concerns received remains comparable to the previous year. It is worth noting that an informal concern can be escalated to a formal complaint and vice versa and will be recorded under both categories.

5.2 First target response rate

It was recognised at the beginning of the financial year that a huge improvement was needed with regard to the first target response rate which was being achieved by the divisions. The percentage of first responses which were sent out by the agreed target date for the year 2009/10 was 58% and the PET has worked closely with the divisions to improve this figure over this financial year.

It was proposed to RMGG at the beginning of the year to achieve a first response target of 90% in quarter 4 of 2010/11 and for the end of year figure to be 75%-80%. The proposed targets were exceeded as 97% of first target responses were achieved in quarter 4 and the year end figure was 85%. A first response rate target of 90% is proposed for the 2011/12 financial year, increasing to 95% for 2012/13 and 100% is proposed for 2013/14.

5.3 Divisional summary

The division of Urgent Care and Long Term Conditions continues to receive the highest number of complaints however there has been a 3% reduction in the total number compared to the year 2009/10. The division implemented an action plan to improve their response

performance and with the combined with support from the PET, has led to a significant improvement in their response performance.

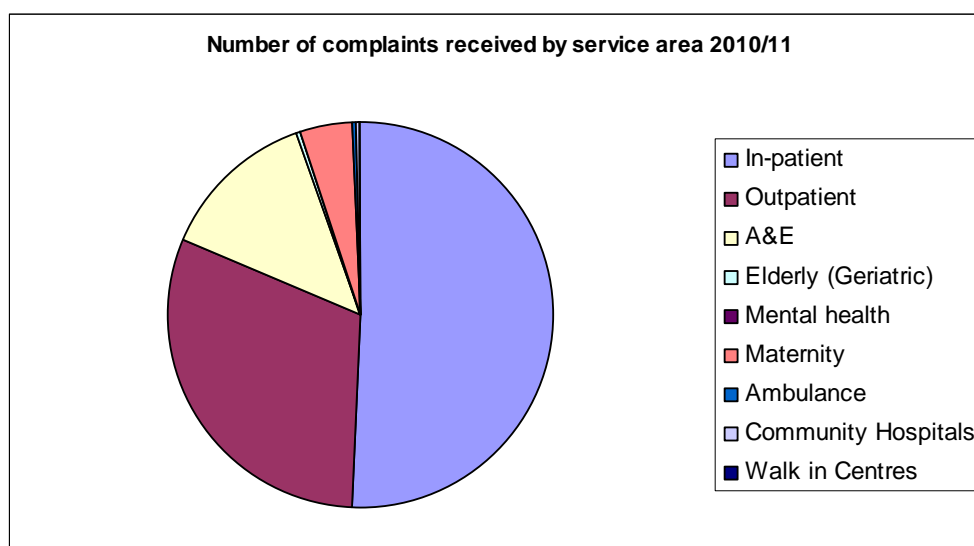
Trauma and Orthopaedics, General Surgery and Women's Health received a similar total number of formal complaints in 2010/11 however Women's Health has seen a large increase since 2009/10 – 55% (see table below).

The concerns raised have been reviewed for any significant themes or trends and there is no clear evidence for the increase in concerns over this period, and There has been a significant decrease in the number of complaints received by General Surgery in quarter 4 of 2010/11; there is no clear evidence for this reduction however proactive action has been taken by the division in contacting bereaved relatives regarding their relatives' care and offering meetings as necessary. This work will be continued in 2011/12 by working closely with the PET to identify all bereaved families.

Division	2009/10	2010/11	% increase/ decrease
General Medicine	279	270	-3%
General Surgery	99	90	-9%
Trauma and orthopaedics	86	95	10%
Women's Health	58	90	55%
RVUIR	30	43	8%
Head and neck	34	32	-6%
Child Health	27	23	-14%
Facilities	24	19	-21%
Anaesthetics	14	22	57%
Radiology	11	13	18%
Cancer, haematology & haemophilia services	15	4	-73%
Therapies	9	5	-44%
Outpatient Department/Elective Services	8	1	-88%
Pathology	3	4	33%
Ops Management	3	3	0%
Clinical Quality & Patient Safety	2	3	50%
External bodies to EKHUFT	0	3	200%
Finance	1	1	0%
Health Records	1	0	-100%

5.4 Service area summary

The diagram below demonstrates complaints received in 2010/2011, by service area, where acute hospital inpatient services receive the highest number of complaints.



5.5 Subject of complaints

The table below provides further information on the number of complaints by subject.

TOTAL	721	687	731
Categories set nationally			
Admissions, discharge and transfer arrangements	43	54	61
Aids and appliances, equipment, premises (including access)	0	7	11
Appointments delay/cancellation – outpatients	30	45	74
Appointments, delay/cancellation - inpatients	12	10	23
Attitude of staff	72	71	68
All aspects of clinical treatment	470	414	342
Communication/information to patients (oral and written)	46	34	106
Consent to treatment	2	2	0
Complaints handling	0	0	0
Patients' privacy and dignity	8	3	4
Patients' property and expenses	1	1	2
PCT Commissioning (including waiting lists)	0	0	0
Independent Sector services purchased by Health Authorities	0	0	0
Independent Sector services purchased by Trusts	0	0	0
Personal Records (including medical and /or complaints)	2	9	8
Failure to follow agreed procedures	6	5	7
Patients' status, discrimination (e.g. racial, gender, age)	2	1	0
Mortuary and post mortem arrangements	0	0	3
Transport (ambulances and other)	15	18	15
Policy and commercial decisions of Trust	6	0	3
Code of openness – complaints	0	0	0
Hotel Services (including food)	0	2	4
OTHER	5	8	0
Length of time waiting for response/to be seen:NHS Direct/Walkin Centres	1	3	-

There has continued to be a notable reduction in complaints received regarding delays and cancellations in respect of out-patient appointments. There has been an increase of 35% in complaints regarding communication and information to patients from the previous year.

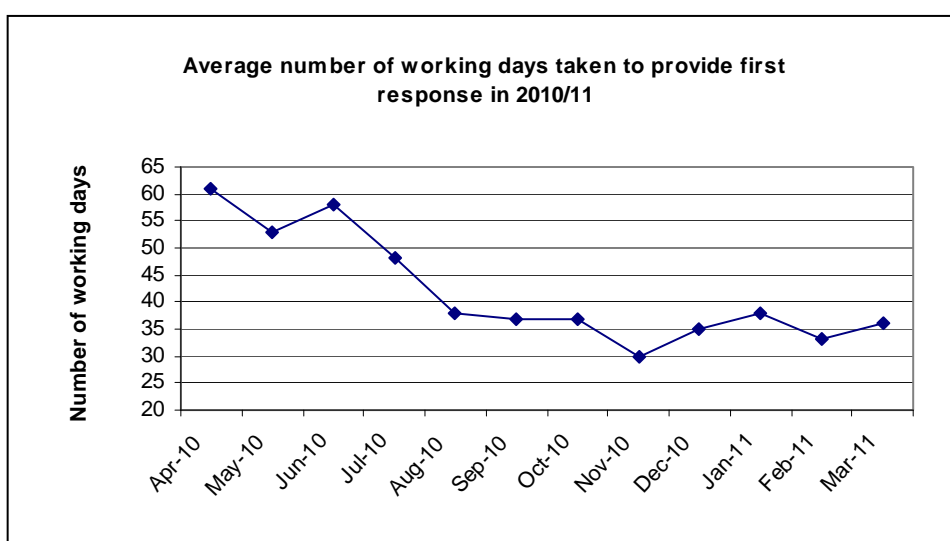
There has been an increase regarding complaints regarding privacy and dignity and this could be explained by increased media attention and debate on the acceptability of mixed sex wards. There has also been a 20% reduction in complaints regarding admissions, discharge and transfer arrangements.

Problems with communication and problems with attitude are two of the most common areas of complaint and these “service areas” continue to be the most common areas of complaint.

5.6 First response performance

The graph below shows the average number of working days taken per month for first responses due to the client in 2010/11. As can be seen there has been a huge improvement in the first response time across the Trust. This was due to the Trust implementing tighter time frames with regard to response and setting an initial aim of 25 working days unless the complaint is complicated or the investigation is multi-agency.

Due to the complexity of some cases and/or if a meeting has been requested, it is not always possible to respond within this timeframe however it must be noted that timescales are agreed with the client at the beginning of the process, and the client is kept updated throughout if the response time will be longer. This is in consideration of the PHSO guidelines of always keeping the client informed.



5.7 PHSO referrals

The PHSO is the second and last stage of the national complaints process and it is open to all clients to approach the office if they are dissatisfied with the way their formal complaint has been handled at the local level (first stage). The national complaints process changed from a three stage to a two stage process from 1 April 2009, so for the first time there is comparative data from the previous financial year.

In the financial year 2010/11 sixteen cases have been closed without any further work being requested from the Trust, indicating that the work carried out at a local level by the Trust was considered reasonable and did not raise any issues which the PHSO felt needed answering.

The Trust has carried out further work on the remaining 22 cases that have since been closed with no formal recommendations or further action being taken by the PHSO. This has involved either providing the PHSO with evidence of actions that have been referred to in the complaints correspondence, for example, minutes of meetings or Trust policies or the Trust has provided further responses to clients which have included formal apologies, details of improvements to services since the complaints were raised and further clarification of any outstanding issues.

Of the seven remaining open cases, one remains under assessment with the PHSO, one is back with the Trust for local resolution, one is pending further contact from the client/PHSO following further work being completed by the Trust and no outcome decisions have been received from the four cases under formal investigation.

The following table shows the main subject of complaint for the cases received in 2010/11 with comparative data for 2009/10 and 2008/09.

Status of Cases	Number of referrals to PHSO raised in:	
	1 April 2009 - 31 March 2010	1 April 2010 – 31 March 2011
Current Cases under assessment	0	1
Cases which have resulted in a formal investigation by the PHSO	1	4
Investigated cases upheld by the PHSO	1	0
Cases closed by the PHSO	30	38
Cases referred back to local resolution or pending further contact from the client/PHSO	0	2
Cases formally investigated cases and not upheld	0	0
Total	31	46

5.8 Compliments

As a result of the review of how compliments are captured in the Trust carried out in quarter 1 of 2010/11, there has been a significant increase in the number of compliments captured. The end of year ratio for compliments to formal complaints in 2009/10 was 8:1 and a strategic objective of 12:1 was set at the beginning of the year 2009/10; this has been exceeded and the year end ratio was 15:1. The national compliments to complaints ratio is set at 10:1. The review asked that all compliments, including each verbal ‘thank you’.

6. Where we have helped make a change

Examples of the some of the changes made during 2010/11 as a result of concerns raised are:

6.1 Clinical Improvements

- Syringe driver audit carried out across all three sites after concerns raised over Grasby pumps
- Change to on-call cover for Neurologists to provide cover at the weekend
- Change to procedure for re-calibrating equipment after servicing to ensure default settings are correct
- Development of new tool to help staff with CTG interpretation called 'Fresh Eyes' which requires a second person to review the CTG after two hours

6.2 Communication and attitude of staff

- Trust best practice regarding ERCP procedures and reporting discussed with lead for Endoscopy and raised at division business meeting
- Multiple monthly 'Medicines Learning from Incidents' pamphlets to all Healthcare Professionals using incident to illustrate and identify the risks and provide instructions on how to resolve issues around the omission of critical medicines; also relevant divisions reminded of the responsibility to ensure inpatient prescriptions are completed on admission; webpage created and updated frequently regarding crucial medications
- There is now a permanent member of staff in the discharge lounge
- Trust End of Life working group has undertaken work on the issue of breaking of bad news
- The "Risk Wise" document continues to be produced and circulated on a regular basis
- Communication tool introduced by surgical division

6.3 Patient information

- Review of Patient Information leaflet for colonoscopy procedure
- Patient Experience leaflet is under review
- Counselling offered by renal division to bereaved relatives
- Liverpool Care Pathway (LCP) revised to improve information provided to relatives

6.4 Training

- End of Life e-learning on Trust training website for staff working clinically
- Ward training delivered by the PET with examples of specific ward related issues, management of expectations, and communication aids including making eye contact.

7. The future

The Trust's policy on handling concerns, complaints, comments and compliments continues to hold the patient at the centre of the process and follows the PHSO's six principles for good complaint handling.

The PET has undergone centralisation at the beginning of April 2011 in order that the team are able to work more efficiently and effectively with their clients and provide the necessary support to the divisions. There has also been a Trust wide restructure with the aim to help the Trust better meet the new challenges and this will set a foundation for greater empowerment of the clinical teams to deliver the best for our patients which will be achieved with the close support of the PET.

As of 1 April 2011, the Chief Nurse and Director of Quality and Operations is the Executive Lead for the PET. This post is supported by the Deputy Chief Nurse and Head of Quality

During 2011/2 it is intended that

- The centralisation of the PET will ensure that the concerns/complaints of patients, families, carers or advocates are facilitated quickly and efficiently to improve the patient experience and strengthen the ability of PET to support the four new clinical divisions.
- The PET will continue to work closely with the divisions to ensure that targets are met and that a quality response is provided to the client.
- By streamlining the work in a centralised team, this will provide additional time for the PET to provide training to the wards to ensure that the expectations, understandings and requirements of the patients and their relatives are understood at the first point of contact, thereby improving the patient's care and the experience of both the patient and the family.
- We will achieve a 5% increase in the number of complaints dealt with in the agreed time
- Reduce the number of returning complainants by 10%
- Continue to support clinical areas with patient experience training
- Participate in and help shape the patient experience improvement programme

8. Conclusion

By continuing to refine and improve the service we offer in relation to complaints and concerns, we hope to establish an organisation which is able to listen, improve and respond in response to the feedback it receives, and seeks, from the users of its services.

In the main, the divisions have strengthened their processes in order that the patients remain at the centre of the process and a robust system is used to respond to concerns raised. The divisions have also continued to learn from the concerns raised in order that lessons are learnt for the future.